

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

26828

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6620

## 1. PLACE OF DEATH:

- (a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)  
In this community 0

3. (a) PRINT FULL NAME Albert M. Harder

3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Flora Krebs Harder  
6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased October 30 1885  
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 12  
If less than one day hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Time Keeper11. Industry or business WPA

12. Name Adam Harder  
13. Birthplace Germany  
(State or foreign country)  
14. Maiden name Emma Henneleman  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora Harder  
(b) Address 3233 Portis Ave.

17. (a) Burial (b) Date thereof 8/14/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroott-Carroll  
(b) Address 4600 Natural Bridge Ave.

19. (a) AUG 13 1941 (b) J. H. Redek  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis  
(c) City or town 3233 Portis Ave.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3233 Portis Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12  
year 1941 hour 6 minute x 9 M.

21. I hereby certify that I attended the deceased from May 3 1941 to Aug 12 1941  
that I last saw him alive on Aug 11 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to of 1 Rt. testicle with abdominal metastasis  
Due to no

Other conditions (Include pregnancy within 3 months of death) no

- Major findings: Removed Rt. testicle on June 16  
Of operations Adenocarcinoma  
Of autopsy no

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence no  
(c) Where did injury occur? no  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature Harry P. Hym (M. D. or other) no  
Address 509 N. Grand Blvd Date signed no

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....; Registered Apprentice No.....  
working under my personal supervision.

Signed

*Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**